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   2.2 Case Reporting Trends by Date
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      - Social Vulnerability & Low Vaccination by Census Tract

5.0 Glossary
KEY TAKEAWAYS

Cases
Cases in Richmond have plateaued over the past month, but appear to be increasing in Henrico. In Richmond City, the level of community transmission is still considered High according to the CDC Covid Data Tracker, while in Henrico County the rating has been upgraded from Substantial to High.

<table>
<thead>
<tr>
<th>District</th>
<th>This Week</th>
<th>Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henrico</td>
<td>225.50</td>
<td>167.77</td>
</tr>
<tr>
<td>Richmond</td>
<td>161.87</td>
<td>130.19</td>
</tr>
</tbody>
</table>

Hospitalizations & Fatalities
Among Richmond City and Henrico residents, hospitalizations based on confirmed dates of admission have continued to fluctuate following an uptick during late October. During the week of December 7 and 13, less than 5 new hospitalizations were observed in Richmond and in Henrico. Fatalities peaked during the week of September 7 in Richmond, and the week of September 14 in Henrico, with 14 fatalities reported in each of the districts. In Richmond, a recent uptick can be noted during the week of November 2. Data related to hospitalizations and deaths are subject to sizable amounts of lag.

Richmond Catchment Area: Hospital Status Board Trends

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Hospitalizations</th>
<th>ICU Hospitalizations</th>
<th>Ventilator Utilizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January 1st, 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last 4 Weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 15th, 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*9 out of 11 hospitals in the Richmond Catchment Area are operating at a ‘Normal’ clinical status, while 1 is operating at “Level 1” status and 1 is operating at “full” status.*
Vaccinations

In Richmond City and Henrico County Health Districts, anyone aged 5 or older is eligible to receive a vaccine. Pharmacies appear to be administering the largest percentage of vaccines to Richmond and Henrico residents, compared with other providers.

<table>
<thead>
<tr>
<th>Location</th>
<th>≥ 1 Dose</th>
<th>Complete</th>
<th>Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond City &amp; Henrico County</td>
<td>66.7%</td>
<td>61.8%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Region</td>
<td>68.7%</td>
<td>61.8%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

Vaccination Demographic Trends

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Richmond City</th>
<th>Henrico County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Groups</td>
<td>65+</td>
<td>30+ 12-17</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>Asian/Pacific Islander &amp; Latino</td>
<td></td>
</tr>
</tbody>
</table>

In both Richmond and Henrico, older age groups have consistently been vaccinated at a higher rate than younger age groups. Section 4 includes an estimated breakdown of vaccination uptake by race and age subgroups.
1.0 COVID-19 SNAP SHOT

1.1 Total Tests & Percent Positivity by Modality in Richmond and Henrico

Total tests by testing modality and the associated 7-day average in percent positivity are summarized in the table below. Data are from the VDH public dashboard on December 13, 2021.

<table>
<thead>
<tr>
<th>Modality</th>
<th>RICHMOND CITY</th>
<th>HENRICO COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tests</td>
<td>Positivity</td>
</tr>
<tr>
<td>PCR*</td>
<td>349,453</td>
<td>7.6%</td>
</tr>
<tr>
<td>Antigen</td>
<td>94,717</td>
<td>6.9%</td>
</tr>
<tr>
<td>Total (PCR, antigen, and antibody)</td>
<td>449,576</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

1.2 Confirmed Cases, Hospitalizations, Fatalities, & Probable Cases by County

<table>
<thead>
<tr>
<th>CASE STATUS</th>
<th>RICHMOND CITY</th>
<th>HENRICO COUNTY</th>
<th>VIRGINIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases this week (December 13)</td>
<td>400</td>
<td>725</td>
<td>17639</td>
</tr>
<tr>
<td>All cases</td>
<td>25762</td>
<td>37255</td>
<td>1000694</td>
</tr>
<tr>
<td>Confirmed cases</td>
<td>19976</td>
<td>25783</td>
<td>734937</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>950</td>
<td>1219</td>
<td>37910</td>
</tr>
<tr>
<td>Deaths</td>
<td>327</td>
<td>656</td>
<td>12547</td>
</tr>
<tr>
<td>Probable cases</td>
<td>5786</td>
<td>11472</td>
<td>265757</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>23</td>
<td>55</td>
<td>2390</td>
</tr>
<tr>
<td>Deaths</td>
<td>49</td>
<td>82</td>
<td>2410</td>
</tr>
<tr>
<td>Case rate per 100,000</td>
<td>11179.7</td>
<td>11261.5</td>
<td>11723.9</td>
</tr>
</tbody>
</table>

Weekly cases added are estimated as the difference between the cases recorded from the current and prior week.

Case Rate per 100,000=(confirmed+probable)/population count *100,000.

Population estimates for the case rate are from 2019 data compiled by the National Center for Health Statistics (NCHS).
1.3 Current COVID-19 Richmond Catchment Area Hospitalizations

The following section utilizes data from the Virginia Healthcare Alerting & Status System (VHASS) COVID-19 Hospital Status Board. This data reflects the following hospitals in the Richmond Catchment Area (Chesterfield County, Hanover County, Henrico County, & Richmond City): VCU Health System, Retreat Doctors’, Bon Secours Community, CWJ Chippenham, CWJ Johnson Willis, VA Medical Center, Bon Secours St. Mary’s, Henrico Doctors, and Parham Doctors, Bon Secours St. Francis, and Memorial Regional Medical Center.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL IN USE FOR COVID-19</th>
<th>CURRENTLY AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed Hospitalizations</td>
<td>190</td>
<td>93</td>
</tr>
<tr>
<td>Pending Hospitalizations</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Confirmed - ICU</td>
<td>32</td>
<td>38</td>
</tr>
<tr>
<td>Pending - ICU</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Confirmed - Ventilators</td>
<td>30</td>
<td>294</td>
</tr>
<tr>
<td>Pending - Ventilators</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

Within the 11 hospitals that comprise the Richmond catchment area, there are currently 93 total available hospital beds, 38 available adult ICU beds, and 294 available ventilators. Based on the VHASS hospital dashboard on December 13, 2021, 9 hospitals in the Richmond Catchment area are operating at normal clinical status, while 1 is operating at Level 1 clinical status and 1 is operating at Full clinical status.

*A clinical status of “normal” indicates that hospital clinical resources are operating within normal conditions. A clinical status of Level 1 indicates that hospital clinical resources are operating at Level 1 surge conditions. The hospital activates procedures to provide a rapid in-patient intake capability (i.e. stop elective procedures, expedite early discharges and utilize 100 percent of staffed beds). A clinical status of “full” indicates that hospital clinical resources are exceeded and acceptable care cannot be provided to additional patients. Diversion or Community surge response is required.*
2.0 COVID-19 CASES

2.1 Summary of Cases

Cases in both districts have increased over the past few weeks after recent lows in late October and early November. There is a 7-day total case rate of 161.87 new cases per 100,000 population in Richmond and 225.50 new cases per 100,000 population in Henrico. In both Richmond City and Henrico County, the level of community transmission is still considered High according to the CDC Covid Data Tracker.

In both districts, females comprise a higher proportion of cases. In Richmond, 20-29 year olds continue to lead case counts both cumulatively and in the last four weeks. In Henrico, individuals 80 and older lead cumulatively, but 0-9 year olds comprise the highest case rate in the last four weeks, followed by 10-19 year olds and 20-29 year olds. Regarding race and ethnicity, the highest incidence of cases in Richmond is still among Black individuals, both cumulatively and in the last four weeks. In Henrico, cases are highest both cumulatively and over the last four weeks among White individuals. Cases in the last four weeks are disproportionately high for White individuals but disproportionately low for Black individuals, while cumulatively, the reverse is true. In both districts, the percentage of cases among the Latino population is disproportionately high cumulatively as compared to their population percentage but closer to their population percentage more recently.

2.2 Case Reporting Trends by Date

Source: VDH COVID-19 Cases & Testing Locality Dashboard
Amidst some notable fluctuations, cases in Richmond City generally decreased from late August through late October. During the month of November, daily new cases showed mild upticks and a plateauing trendline. Data from December indicates an increase in daily cases. All data is subject to lags in reporting.
From late August through the first few weeks of November, daily new cases generally decreased. During the month of November, the trend in daily new cases experienced a gradual increase. This increase has accelerated in December. All data is subject to lags in reporting.
2.3 Cases by Age Group by County

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

- In Richmond City, individuals aged 20-29 have the highest case rates in the last four weeks, closely followed by individuals aged 10-19 and 30-39. Individuals aged 20-29 have the highest case rate cumulatively.
- Case burdens for individuals 60 and over are notably down in the last four weeks compared to cumulatively.
- In Henrico, individuals aged 0-9 have the highest case rates in the last four weeks, followed by individuals aged 20-29. Individuals aged 80+ the highest case rate cumulatively followed by those 20-29.

- Case burdens for individuals 40 and over are notably down in the last four weeks compared to cumulatively.
2.4 Cases & Population Proportions by Race & Ethnicity by County

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (November 15, 2021 – December 12, 2021) and Cumulatively through December 12, 2021 Richmond City, VA

- In the last 4 weeks of Richmond, the case burden for Black and Latino individuals (52.2% and 12.5% respectively) is disproportionately high relative to their population percentage (47% and 7.3% respectively), while the case burden for White individuals is disproportionately low (39.7%) relative to their population percentage (42.8%).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (November 15, 2021 – December 12, 2021) and Cumulatively through December 12, 2021 – Henrico County, VA

- In Henrico in the last four weeks case burdens for White individuals (55.1%) are relatively high compared to their proportion of the population (53.2%). The case burden for Black individuals (24.8%) is lower than their respective proportion of the population (31.2%).

* NCHS population estimates are not available for Two or More Races (286 total cases) or Other Race (524 total cases) and thus they are absent from the plots.
* Missing and Unknown Ethnicities were assumed to be of Non-Hispanic ethnicity.
* Cases among individuals identifying as Asian or Pacific Islander or Native American are suppressed (counts < 5)
3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities
Among Richmond City and Henrico residents, hospitalizations based on confirmed dates of admission have continued to fluctuate following an uptick during late October. During the week of December 7 and 13, Less than 5 new hospitalizations were observed in Richmond and in Henrico. Fatalities peaked during the week of September 7 in Richmond, and the week of September 14 in Henrico, with 14 fatalities reported in each of the districts. In Richmond, a recent uptick can be noted during the week of November 2. Data related to hospitalizations and deaths are subject to sizable amounts of lag.

3.2 COVID-19 Hospitalization, ICU, & Ventilator Utilization (VHASS)

- Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond Catchment area overall decreased with some fluctuations from late September through the first half of November. Since then, hospitalizations have fluctuated around that early November level. All data is subject to lags in reporting.
4.0 VACCINATION

4.1 Vaccine Summary

In Richmond City and Henrico County Health Districts, anyone aged 5 or older is eligible to receive a vaccine. As of December 13, 68.7% of the region’s population has received at least one dose of the vaccine. 61.8% of the region’s population has been fully vaccinated. Approximately 66.7% of the combined Richmond City and Henrico County population has received at least one dose and 61.8% of the two districts’ combined population has been fully vaccinated. A growing number of 24.8% had received a booster.

In both Richmond City and Henrico County, older age groups have consistently been vaccinated at a higher rate than younger age groups. In Richmond City, the 70% vaccination benchmark has been met by individuals aged 65 and over. In Henrico County that same benchmark was recently met by individuals aged 30 and over and all groups 12+ are now over 70% in the “at least one dose” category.

This section includes an estimated breakdown of vaccination uptake by race, sex, and age subgroups.

4.2 Percentage of Vaccination Goals Reached by Population

<table>
<thead>
<tr>
<th></th>
<th>POPULATION</th>
<th>PEOPLE WITH AT LEAST ONE DOSE</th>
<th>PEOPLE FULLY VACCINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond</td>
<td>5-11</td>
<td>15,198</td>
<td>3,103 (20.4%)</td>
</tr>
<tr>
<td></td>
<td>12-17</td>
<td>11,150</td>
<td>6,615 (59.3%)</td>
</tr>
<tr>
<td></td>
<td>18+</td>
<td>190,750</td>
<td>125,649 (65.9%)</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>31,809</td>
<td>25,601 (80.5%)</td>
</tr>
<tr>
<td>Henrico</td>
<td>5-11</td>
<td>28,406</td>
<td>7,835 (27.6%)</td>
</tr>
<tr>
<td></td>
<td>12-17</td>
<td>25,954</td>
<td>19,083 (73.5%)</td>
</tr>
<tr>
<td></td>
<td>18+</td>
<td>256,660</td>
<td>208,569 (81.3%)</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>52,720</td>
<td>49,406 (93.7%)</td>
</tr>
</tbody>
</table>

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.
4.3 Vaccinations by Locality as of December 13, 2021

Source: vdh.virginia.gov

<table>
<thead>
<tr>
<th>HEALTH DISTRICT</th>
<th>LOCALITY</th>
<th>TOTAL POPULATION</th>
<th>PEOPLE WITH AT LEAST ONE DOSE</th>
<th>PEOPLE FULLY VACCINATED</th>
<th>PEOPLE WITH BOOSTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chesterfield</td>
<td>Chesterfield</td>
<td>352,802</td>
<td>241,251</td>
<td>217,152</td>
<td>64,528</td>
</tr>
<tr>
<td></td>
<td>Colonial Heights</td>
<td>17,370</td>
<td>10,677</td>
<td>9,344</td>
<td>2,641</td>
</tr>
<tr>
<td></td>
<td>Powhatan</td>
<td>29,652</td>
<td>17,286</td>
<td>15,839</td>
<td>4,980</td>
</tr>
<tr>
<td>Chickahominy</td>
<td>Charles City</td>
<td>6,963</td>
<td>4,605</td>
<td>4,281</td>
<td>1,229</td>
</tr>
<tr>
<td></td>
<td>Goochland</td>
<td>23,753</td>
<td>17,950</td>
<td>16,796</td>
<td>5,509</td>
</tr>
<tr>
<td></td>
<td>Hanover</td>
<td>107,766</td>
<td>76,352</td>
<td>70,932</td>
<td>20,805</td>
</tr>
<tr>
<td></td>
<td>New Kent</td>
<td>23,091</td>
<td>14,434</td>
<td>13,347</td>
<td>4,109</td>
</tr>
<tr>
<td>Henrico</td>
<td>Henrico</td>
<td>330,818</td>
<td>235,487</td>
<td>212,885</td>
<td>63,882</td>
</tr>
<tr>
<td>Richmond</td>
<td>Richmond City</td>
<td>230,436</td>
<td>135,367</td>
<td>121,154</td>
<td>37,053</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,122,651</td>
<td>753,409</td>
<td>681,730</td>
<td>204,736</td>
</tr>
</tbody>
</table>

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

4.4 Vaccine Distribution by Age Group over Time

Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December. Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.

- Individuals 65 and over in Richmond, 45 and over in Henrico, and 65 and over in Henrico represent the three highest vaccination percentages, with uptake near or over 80%.
- In most cases, older age groups within a locality have achieved higher vaccination percentages than younger age groups in the same locality.
- Henrico age groups have achieved higher vaccination percentages than their corresponding Richmond age groups and many younger age groups in Henrico have achieved higher percentages than older age groups in Richmond.
- After later access to vaccination, individuals 12 to 17 have seen a notable increase in vaccinations while the pace of new vaccinations amongst individuals 18 to 29 have slowed (outside of a minor increase in pace in August), leading to the younger age group surpassing the older one in both Richmond and in Henrico. The pace of vaccinations among individuals 12 to 17 has since slowed in recent weeks.
- All data is subject to lags in reporting, particularly in recent weeks.
4.5 Vaccine Distribution by Race/Ethnicity over Time

Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentages by race and ethnicity over time since vaccinations first began in mid-December. **Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.**

- Through spring, White individuals and Asian or Pacific Islander individuals generally had higher vaccination percentages in both Richmond and Henrico.
- White individuals maintained the highest vaccination percentage through early April in Richmond and late April in Henrico before Asian or Pacific Islander individuals surpassed them for the highest percentages.
- In early months, vaccination percentages of both Latino and Black individuals were lower, with Black individuals still comprising the lowest vaccinated percentage as of today.
- Latino individuals saw an acceleration in vaccination rates beginning in early March after a slow start and have since surpassed White individuals in vaccine uptake in both Richmond and Henrico. They also possess the highest vaccination percentage overall in Richmond, between about 80% and 93%.
- In Henrico, Asian or Pacific Islander individuals and Latino individuals have reached vaccination percentages between 84% and 94%, while White individuals fall around 71% to 72% and Black individuals fall between 59% and 64%.
- Vaccination percentages are notably lower in both Richmond and Henrico for Black individuals.
- All data is subject to lags in reporting, particularly in recent weeks.
4.6 Vaccine Distribution Maps

Below are maps that compare vaccination uptake percentage and COVID-19 burden by census tract. The data collected is consistent with statewide and national data trends; lower income communities of color tend to experience more severe outcomes of COVID-19, yet are disproportionately undervaccinated. RHHD monitors this data as part of its equity-driven approach; this data is used to assist program managers in strategically standing up vaccination opportunities, outreach, and education efforts in areas that are in highest need.

*These percentages are estimations, and are solely intended for use in the planning and facilitation of outreach events.*

Vaccination Percentage by Census Tract
Richmond City, VA & Henrico County, VA (December 12th, 2021)

*Percentage of population receiving at least one dose*
COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts
Richmond City, VA & Henrico County, VA (December 12th, 2021)

*Percentage of population receiving at least one dose
*Percentage of population receiving at least one dose

- **Social vulnerability** is based on the CDC’s [Social Vulnerability Index](#), last updated in 2018.
- **COVID-19 vaccination percentages** reflect the percentage of the *Total Population* within each tract that has been vaccinated. Data are sourced from the Virginia Immunization Information System (VIIS).
- **COVID-19 case rates** reflect *Cumulative* cases per 100,000 census tract population and are sourced from the Virginia Electronic Disease Surveillance System (VEDSS).
- **Population estimates** are from the US Census 2019 ACS Community Survey 5-year estimates.
- SVI, vaccination percentage, and case rates are visualized on these maps using the quantiles classification method, dividing the range into 5 groups, each containing the same number of observations (census tracts).
5.0 Glossary

7-day average number of new daily cases
Recurrent average of the number of cases for each consecutive 7-day period regardless of data availability.

7-day total case rate per 100,000
Calculated by adding the number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000. **7-day total case rate per 100,000** is considered to have a transmission level of Low (0-9.99), Moderate (10.00-49.99), Substantial (50.00-99.99), or High (greater than or equal to 100.00).

Antigen
Antigens are molecules capable of stimulating an immune response. Antigen tests are commonly used in the diagnosis of respiratory pathogens such as the COVID virus.

Assisted living facilities
A housing facility designed for people with disabilities or adults who cannot/decide not to live independently.

At least one dose
This metric includes everyone who has received only one dose [including those who received one dose of the single-shot Johnson and Johnson's Janssen COVID-19 vaccine] and those who received more than one dose.

Case rate
the number of cases per 100,000 people in the population. Calculation: \( \frac{\text{Confirmed Cases} + \text{Probable Cases}}{\text{Population Estimate}} \times 100,000 \)

Community Transmission
Refers to when an individual is infected with the COVID in an area, including some who are not sure how or where they became infected. Community Transmission is low when less than 10 new cases per 100,000 persons in the past 7 days OR <5% of positive NAATs tests during the past 7 days. Nucleic Acid Amplification Test, or NAAT, is a type of viral diagnostic test for SARS-CoV-2, the virus that causes COVID-19.

Confirmed Case
A confirmed case is an individual who had a confirmatory viral test performed by way of a throat swab, nose swab or saliva test and that specimen tested positive for SARS-CoV-2, which is the virus that causes COVID-19.

Congregate settings
A setting where a number of people reside, meet or gather in close proximity for a period of time. Examples include homeless shelters, prisons, detention centers, schools and workplaces.

**Cumulative**
Consisting of accumulated parts created by successive additions - In the context of this report “cumulative” refers to the total number of things (cases, vaccinations, deaths, ect) that have occurred during the time frame referenced.

**Fully Vaccinated**
For the purposes of this report an individual is considered fully vaccinated after receiving two doses of either the Pfizer-BioNTech COVID-19 vaccine (COMIRNATY) or the Moderna COVID-19 vaccine, or after receiving one dose of the Janssen (Johnson & Johnson) COVID-19 vaccine.

**High density workplaces**
Workplace settings in which individuals are there for long time periods (e.g., for 8-12 hours per shift), and have prolonged close contact (within 6 feet for 15 minutes or more).

**Hospitalizations**
Number of confirmed & pending COVID-19 patients receiving inpatient hospital care or utilizing an inpatient hospital bed (e.g., observation status) AND being treated for COVID-19 related complications. This metric is not cumulative; only report current counts at the time the user updates VHASS. This metric excludes confirmed inpatients in the hospital for primary reasons other than COVID complications.

**ICU hospitalizations**
Number of confirmed & pending COVID-19 patients receiving inpatient hospital care and are utilizing an Intensive Care Unit (Adult CC) bed for treatment related to COVID-19 complications. This metric is not cumulative; only report current counts at the time the user updates VHASS. This metric excludes confirmed inpatients in the hospital for primary reasons other than COVID complications.

**Independent living facilities**
Housing arrangements and communities for older adults that range from apartment-style communities to housing co-ops. It is designed for seniors who can still live independently

**Locality**
A community in which people live. The Commonwealth of Virginia is divided into 95 counties, along with 38 independent cities that are considered county-equivalents for census purposes. For the purpose of this report, the term “Locality” is used to refer to one of these 133 independent communities. The boundaries of the Richmond City Health Department and Henrico Health Department closely align with the boundaries of the Richmond City and Henrico County localities, but that is not the case with many other health districts across the state.

**Long-term care facilities**
Housing facilities for people with disabilities or for adults who cannot or who choose not to live independently.

NCHS
The National Center for Health Statistics who releases bridged-race population estimates of the resident population of the United States for use in calculating the Nation’s official vital statistics

PCR
PCR stands for polymerase chain reaction. The test isolates genetic material from a patient sample and duplicates it many times, allowing for the presence of Covid-19 genetic material to be detected if present. The PCR test is the strongest and most reliable Covid-19 test currently available.

Percent positivity
For each event is calculated by dividing the number of tests yielding a ‘Detected’ result by the summed number of ‘Detected’ and ‘Not Detected’ results, and then multiplying this number by 100 to get a percent.

Population Estimate
Unless otherwise stated, population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note- this is a change from some previous reports which used aggregated Census data regarding population by age group.

Probable Case
A probable case is an individual who has not had a confirmatory test performed but has: a positive antigen test, or clinical criteria of infection and is at high risk for COVID-19 infection (e.g. healthcare worker)

Provider Category
Health Department, Pharmacy, Health System, Community Provider, Safety Net, Other Locality

Race/Ethnicity
Prioritizes Hispanic Ethnicity over Patient stated Race, consolidates into groups: Hispanic, Asian & Pacific Islanders, White, Black, Native American & Unreported

Resident
Person(s) who self indicate, through census enumeration, medical documentation, or registration information that their primary residence is within the locality or health district referenced

Richmond catchment area
Hospital jurisdictions that serve the population of the greater Richmond metropolitan area: these include the hospital jurisdictions of Hanover, Henrico, Chesterfield, and Richmond City.

Sara Alert
Virginia based voluntary contact monitoring platform; individuals can update local health departments on their health status during the period of time they are participating in public health monitoring. The Sara Alert system is secure and always contacts users from the same phone number or email: 844-957-2721 or notifications@saraalert.org.

Social Vulnerability
The potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. More information on the CDC’s Social Vulnerability Index can be found at https://svi.cdc.gov/

Spread
COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

Suspect Case
Meets supportive laboratory evidence, with no prior history of being a confirmed or probable case. For suspect cases, jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.

Tested Count
Represents all individuals who received a ‘Detected’, ‘Not Detected’, or ‘Inconclusive’ result (Records from individuals who registered for an event but who were not tested were removed prior to this analysis).

Testing Encounter
Instance where COVID-19 test is administered to a person in the community via a known provider.

Vaccination Percentage
The number of individuals vaccinated divided by estimated population of a referenced community, locality or health district - Whether "Vaccinated" refers to "Fully vaccinated" or "At least one dose" should be clarified in the specific metric.

VEDSS
Virginia Electronic Disease Surveillance System (VEDSS) is the primary data system used by the Virginia Department of Health (VDH) for disease surveillance. VEDSS is used to track COVID-19 cases and laboratory reports.

Ventilator utilizations
The number of Ventilators currently in use to treat patients diagnosed with Covid-19 amongst hospitals within the Richmond Catchment Area.
**VHASS**
The Virginia Healthcare Alerting and Status System (VHASS) is the data system used to collect information on hospital status, resources, and critical care capabilities. VHASS helps in the distribution of critical emergency management information needed by Virginia hospitals and healthcare providers.

**VIIS**
The Virginia Immunization Information System (VIIS) is Virginia's statewide immunization registry that contains immunization data of persons of all ages.

**ZCTA**
ZIP Code Tabulation Areas (ZCTAs) are generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.